

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH

County.....
Township.....
City..... (No.)

FEB 8 1937

Registration District No.
Primary Registration District No.
Christian Hosp. 1

File No. 4290
Registered No. 11334
St. Ward)

2. FULL NAME Andrew C. P. Petersen

(a) Residence, No. 4260 Blair Ave.

St. 9 Ward. 1

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S., if of foreign birth? 60 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mary Petersen,

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 6/3/1850

7. AGE YEARS 86 MONTHS 7 DAYS 25 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Janitor 262

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Term. R. R. CO

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Denmark ? 4

13. NAME Unknown

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown 21

15. MAIDEN NAME Unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT (ADDRESS) Mrs. Isabelle Brennan 4036 N. 25 Str

18. BURIAL, CREMATION, OR REMOVAL PLACE Friedens DATE 2/1/37 19

19. UNDERTAKER (ADDRESS) W. A. Stock Und. Co. 2117 E. Grand Blvd.

20. FILED 1937 19 J. H. Bredbeck Registrar

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 28. 1937

22. I HEREBY CERTIFY, That I attended deceased from Jan. 21st 1937, to Jan 28th 1937

I last saw h. alive on Jan 28th 1937. Death is said to have occurred on the date stated above, at 6-7 p.m.

The principal cause of death and related causes of importance were as follows:

Chronic bronchial asthma

Date of onset ?

Other contributory causes of importance:

Endocarditis chron. Semile aortic sclerosis

7 days

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) A. J. Vagler M. D.

(Address) 424 W. Florissant St

Dr. A. J. Vogler

20 Ferry 3-4

Alfred 4969